

CLAIMS ONLY

Application Number

" Filling" Date

10/537770

Applicant(s)

May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
1	/					
2	/					
3	/					
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49						
50						
Total Indep.	1					
Total Depend.	15					
Total Claims	16					